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UTILIZATION OF THE FAMILY ENVIRONMENT SCALE AS A DEVELOPMENTALLY ORIENTED ASSESSMENT WITHIN TREATMENT FOSTER CARE

BY

Carl L. Williams, B.A., M.A.

A dissertation submitted to the Graduate School

in partial fulfillment of the requirements

for the degree

Doctor of Philosophy

Major Subject: Counseling Psychology

New Mexico State University

Las Cruces, New Mexico

May 2005

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"Utilization of the Family Environment Scale as a Developmentally Oriented Assessment Within Treatment Foster Care," a dissertation prepared by Carl L. Williams in partial fulfillment of the requirements for the degree, Doctor of Philosophy, has been approved and accepted by the following:

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This project would have not met with success if not for the understanding, patience, love, and support of my family and friends.

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My Grandmother, godmother, great aunts, and Willie G. watch over me every day. I miss them all.

This has been a challenge, and it is time to move on.

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ABSTRACT

UTILIZATION OF THE FAMILY ENVIRONMENT SCALE AS A DEVELOPMENTALLY ORIENTED ASSESSMENT WITHIN TREATMENT FOSTER CARE

BY

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This study investigated counseling psychologists' use of the Family Environment Scale (FES) as a developmentally oriented assessment within the treatment foster care setting (TFC) to promote the optimal development of adolescents. Participants for this study consisted of a population of the treatment foster care families and adolescents who were placed in a (TFC) setting for the treatment of clinical issues in the state of New Mexico. The TFC treatment coordinator and TFC counselor, who were responsible for the formal assessment process of the adolescent and TFC family, completed the FES Forms R (Real) and E (Expected). Three subscales containing the greatest difference between the obtained scores on the FES Forms R and E served as the focus for treatment intervention with

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TFC families to promote optimal family functioning, thus promoting optimal adolescent development and placement stability. The Behavioral and Emotional Rating Scale (BERS) and TFC records relative to reported disruptive incidents were utilized to assess adolescents' level of developmental functioning and placement stability, preintervention, post intervention, and at 3 months post intervention. Results of the statistical analysis revealed significant results supporting two of the primary research hypotheses. Significance was found for the FES-Directed intervention group's reduction in placement disruptions (at 3 months post intervention) above that of the Non-FES-Directed intervention and no intervention control groups. This finding provides support for the use of the FES as a developmentally oriented assessment for promoting placement stability within treatment foster care. In addition, significance was found for the FES-Directed intervention and the Non-FES-Directed intervention groups' reduction in placement disruptions above that of the no intervention control group (at 3 months post intervention). This finding supports both the use of the FES and the intervention model (at 3 months post-intervention) to promote placement stability within treatment foster care. The secondary hypothesis could not be statistically analyzed due to an absence of males and an insufficient representation of ethnicities in the control group. A nonsignificant novel finding related to males showed greater gains in developmental functioning. This is discussed, as well as the implications of this research for counseling psychologists and for future research.

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CHAPTER 1

INTRODUCTION

Science and research are the key elements in the field of counseling psychology. As a result, counseling psychology has had to develop a way of taking the science and research and connecting it to actual practice (Gelso & Fretz, 1992). The scientist-practitioner model meets this need and has become the main focus for the training of counseling psychologists (Gelso & Fretz; Heppner, Kivlighan, & Wampold, 1999).

As practitioners employing research-proven applications, counseling psychologists have a broad range of abilities that are focused toward three key roles. The roles are the remedial, the preventive, and the developmental, all operating in varying degrees within the profession. In the remedial role, counseling psychologists work with individuals in order to help them rectify issues that have become problematic and are causing some distress in their lives (Gelso & Fretz, 1992; Goldfried & Wolfe, 1996).

Within the preventive role, counseling psychologists work with individuals to anticipate, circumvent, and/or prevent problems that may arise in the future (Albee, 1996; Gelso & Fretz, 1992). By helping individuals to make changes in their personal and interpersonal environments before they become problematic, the presence of problems is minimized and possibly eliminates the need for remedial work (Gelso & Fretz).

In the developmental role, counseling psychologists work with individuals to help them to gain the maximum possible benefits from normative events such as identity development, and nonnormative life experiences such as divorce to promote optimal development (Basic Behavioral Task Force of the National Advisory Mental

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Health Council, 1996; Gelso & Fretz, 1992). To accomplish this, counseling psychologists perform tasks that range from consulting, to assessment and counseling, to family systemic interventions (Bergen & Garfield 1994; Gelso & Fretz). In order to work with diverse populations, counseling psychologist are also trained to be culturally competent. Cultural competence is obtained by the psychologist developing knowledge of beliefs and values of a culture, and the interpersonal skills to promote the people's development within their culture (Lum, 1999). This occurs in part during the education and training counseling psychologists receive as well as through exploration of their own ethnic identity (Lum; Sue, Ivey, & Pederson, 1996). By being educated and helped to understand developmental implications within their personal lives, individuals are better able to plan and organize their lives. This allows them to gain the most from life experiences, thus helping them to reach their greatest potential for an enhanced life (Bergen & Garfield; Gelso & Fretz).

Counseling psychologists' training in developmentally oriented assessment, in particular as compared to the training of clinical psychologists, places them in a position to help promote the growth of social, emotional, familial, and educational development (Bergen & Garfield, 1994; Epstein & Sharma, 1998; Gelso & Fretz, 1992). Counseling and clinical psychologists have much overlap in their training and job settings; however, they also have notable differences. Clinical psychologists' training, historically and currently, focuses on the study and treatment of abnormal behaviors and underlying pathology and tends to follow a deficit-oriented assessment protocol. Clinical psychologists' assessment practices tended to follow a medical model, that is, looking at symptoms and causes to find a treatment for psychological problems. This model's focus on deficits and pathology has been suggested by some

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to be counterproductive to the facilitation of client growth and development (Gelso & Fretz).

It has become common place to see assessments using descriptors such as hostile, negative, volatile, aggressive, lacks responsibility, ineffective, and immature, when oftentimes the individual's or family's strengths and positive aspects of life are just as important to, and affecting their developmental processes in substantial ways (Epstein & Sharma, 1998). Nystul (2003) suggests and recommends the need for, and use of, strength based assessments in working with adolescents and their families. Given this, counseling psychologists' training in the developmental assessment of individuals and families can promote a more positive approach that creates a sense of accomplishment and contributes to more satisfying social, emotional, familial, and educational functioning (Epstein & Sharma, 1998).

These key themes help to create a myriad of potential client populations and environments that counseling psychologists may serve. One such environment is that of treatment foster care (TFC). TFC programs represent the least restrictive setting for out-of-home placements that are community based and provide a stable living environment within a family setting and provide psychotherapeutic treatment for children and adolescents. TFC represents as an environment whereby children and adolescents have the opportunity to benefit from the assessment of strengths and assets to encourage their optimal development (Wells & D'Angelo, 1994). The promotion of individual and family development begins with a sound understanding of human development, an area in which counseling psychologists are recognized given its direct relationship to one of their three key roles (Bergen & Garfield 1994; Epstein & Sharma, 1998; Gelso & Fretz, 1992).

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Adolescent Development

Adolescence is considered by many to be the most complicated and challenging period of human development to experience, evaluate, or explain (Berger, 1994). Adolescent development is marked by expanding roles within a growing and increasingly complex social environment, an environment that also presents a significant number of opportunities to promote optimal development (Ge, Conger, Elder, Lorenz, & Simons, 1994). Within this complex social environment, adolescents must search for their individual identities (Erikson, 1968). Counseling psychologists are trained in adolescent development and developmental tasks to facilitate optimal adolescent functioning (Gelso & Fretz, 1992).

Erik Erikson formulated a theory of psychosocial development, where adolescents' relationship to the social environment is seen as being affected by social and cultural influences (Erikson, 1968). Within adolescent psychosocial development, individuals must work through a major developmental task that is dependent upon each individual's characteristics in relation to his or her environment, and which provides opportunities and experiences to learn from and grow (Erikson, 1963). The developmental task for adolescents as posed by Erikson is the resolution of the psychosocial stage of Identity versus Role Confusion (Erikson, 1968). Adolescents during this developmental stage are seeking the successful development of self-identity within the context of society (family; Erikson, 1968). Therefore, within this population, the counseling psychologist's role is to help adolescents develop a stable sexual, political and career identity in relation to society (family; (Berger, 1994).

Treatment Foster Care

Due to historical events in an adolescents life course, some adolescents may have difficulty negotiating identity development and thus present with disabling

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emotional problems that interfere with social and emotional functioning. If left unattended, this may interfere with further development and require extensive intervention of mental health and other agencies (Barbell, 1996; Wodarski, 1990). There has been a growing concern about the prevalence of the problem of meeting the complex needs of seriously emotionally disturbed (SED) adolescents. Current estimates show that at any given time 14-22% or more of the adolescent population are viewed as being SED (Brandenburg, Friedman, & Silver, 1990). Of the adolescents identified as SED, no less than 11% are in need of mental health services requiring extensive intervention (Stroul & Friedman, 1986). Such intervention presents a need for an alternative form of care within the adolescent's social environment. During 1991, an average of 429,000 children and adolescents were in family foster care representing families that were living in poverty or were homeless, and had been emotionally and physically maltreated, thus interfering with their ability to follow a normal developmental life course (Fein, 1991). The Joint Commission on the Mental Health of Children (1969) stated that millions of adolescents were not receiving the needed mental health services.

Proponents of TFC programs suggest that the strength of such programs lies in the ability to generate individualized treatment plans that are specifically designed to meet the needs of adolescents (Hawkins, 1989). One of the key issues within TFC deals with the disruption of placements from the program. Adolescents and TFC families have multiple issues to deal with when a new placement occurs in the TFC setting (Eastman, 1979). The initial period following placement involves many adjustments being made by the TFC family as well as by the adolescent in understanding the family rules, system functioning, feelings related to being in a temporary

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environment, and a great deal of ambiguity and uncertainty about the current life situation.

For most adolescents placed in TFC, individual development has been disrupted by circumstances related to abuse, neglect, and behavioral problems within their family, school, and community interactions (Benedict & White, 1991). Within the TFC environment, adolescents live with substitute families where they have the opportunity to learn to live successfully and improve social competence within their community (J. W. Murphy & Callaghan, 1989). It provides a cost-effective alternative to hospitalization that takes into account the ecology and developmental needs of the individual within the context of home, school, and the community. TFC has been developing in response to the need to stabilize the living environment for adolescents (Hawkins, 1989).

The strength of TFC programs lies in the ability of programs to implement individualized treatment plans adapted to the adolescent's developmental needs within a family setting (Hawkins, 1989). In the past, deficit-based assessment protocols following a medical model have focused on the identification of symptoms and problems, whether they be psychological, emotional or behavioral (Whittaker & Maluccio, 1989). This focus on negative, deficit-based assessment presents a need for developmentally oriented assessment protocols that promote family system and adolescent optimal development (Doelling & Johnson, 1990; Walsh, 1998). Developmentally oriented family assessment of the TFC family system provides a much needed component in working with adolescents within TFC programs since the current assessment process is deficit based and geared toward the remediation of issues for adolescents receiving services (Blaske, Borduin, Henggeler, & Mann, 1989;

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Doelling & Johnson). This presents and supports the need for counseling psychologists and developmentally oriented assessment and intervention.

The Family System

For all human beings, the key social environment during early development occurs within the context of the family and their reaction toward the individual's attempts to negotiate developmental tasks (Erikson, 1963). The resolution of these issues, in relation to family interaction, will lead to a successful adaptation within society (Berger, 1994). Koopmans (1993) found that confused perceptions of adolescents were associated with developmental difficulties during adolescence. It is within the family system that adolescents receive opportunities to learn the rules of the family and, to some extent, society, promoting the opportunity to develop optimally (Coco, 1998; Woodarski, 1990). When the family system is able to work through difficult transitions related to their development and functioning, the adolescent (through observation, interaction, and reinforcement) will also have the opportunity to learn and promote further learning toward optimal development (Pardeck, 1985; Wodarski). The view of the family as being fundamental in adolescent development comes from the fact that the relationships begin at birth (some might say even before that) and are extensive across a large and vital part of an individual's developmental life course (Thornton, Orbach, & Axinn, 1995).

Clinical history has shown that many times the identified client is the only person that enters therapy, usually from difficulties related to some developmental issue. The identified client may find relief from his or her symptoms; however, the symptoms often recur due to the inability to resolve the developmental issue, and the client returns to the same rigid or chaotic family system where the initial symptoms developed. As a result, there are limited opportunities for the adolescent to learn and

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grow. Research has provided evidence that adolescent conduct problems are associated with important characteristics of individual development and the family. Characteristics such as low family warmth and cohesion have been linked to conduct problems (Blaske et al., 1989; Doelling & Johnson, 1990).

The family system's interactions around developmental tasks are opportunities and facilitate the ability of its members to develop optimally (Nichols & Schwartz, 1988). Promoting the family system's development is crucial to ensure the optimal environment for its individual family members' development to occur. Assessment of systems (i.e., the family being one such system), geared toward promoting optimal development have become increasingly popular among counseling psychologists. Research has been conducted that examines the person-environment interaction; specifically, the role of situational factors affecting the development of clients has become a major focus of counseling psychologists (Gelso & Fretz, 1992). However, very limited research has been conducted within counseling psychology that looks at developmentally oriented family assessment and intervention for foster care families and those adolescents temporarily a member of them within the TFC setting. Thus, research examining developmentally oriented assessment and interventions for this critical population is needed.

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The Family Environment Scale

The Family Environment Scale (FES) examines specific dimensions of the family environment, such as interpersonal relationships among family members, how personal growth is emphasized in the family, and the organization of the family system; all areas that relate to the family's ability to develop optimally (Moos & Moos, 1986). Limited research exists using the FES as a developmentally oriented assessment tool to help promote optimal family functioning by addressing specific

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dimensions of family interaction and its relation to promoting adolescent development (Koopmans, 1993). David, Steele, Forehand, and Armistead (1996) investigated the role of family and marital conflict in the functioning of adolescents. They used the FES to assess dimensions interaction within the adolescents' family environment. In addition, they also looked at the amount of overt marital conflict occurring in the presence of adolescents. They found that when family conflict was low, there were fewer predictive adjustment problems (David et al.). Westervelt and Vandenburg (1997) investigated associations among non-normative life events such as parental divorce. They found that when families reported lower levels of conflict, they also reported a greater degree of intimacy within the family system. The FES has been shown to be a good instrument in assessing adolescent perceptions of family functioning as it relates to the presence of depression in adolescent populations. Williams (1997) investigated the correlation between adolescent depression and family functioning. Perceived levels of family cohesion, conflict, and organization were significantly related to the presence of depression in adolescents. However, no research was found in which the FES was used as a developmentally oriented assessment instrument for treatment planning within the TFC milieu.

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Need for the Study

During the past 15 years, several national studies on children's mental health services have stated that there is a need to change how these services are planned, provided and delivered to adolescents who are diagnosed with serious emotional issues, and include their families (Evans et al., 1994). The adolescent being placed in TFC as the identified client often presents with such a severe display of behaviors in reaction to their primary family system's functioning that the TFC family system has a difficult time promoting an optimal environment towards meeting the adolescent's

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developmental needs (Whittaker & Maluccio, 1989). Given this, there is a need for an individualized care approach with the TFC family being the most desirable setting in which to approach this task (Evans et al.). Existing research within counseling psychology does not clearly specify the notion of promoting the family systems' optimal functioning and its relation to the promotion of optimal adolescent development (Koopmans, 1993). There are many books, articles and even personal accounts within the field of counseling psychology on the role and importance of the family environment as an entity. However, there has been minimal research conducted by counseling psychologists that looks at the utilization of the FES as a developmentally oriented assessment tool to promote interventions that enhance system functioning and thus an optimal environment for adolescent development to occur within the TFC environment.

This presents a need for counseling psychologists to conduct research that assesses the utilization of the FES as a developmentally oriented assessment tool within TRC. Also, it would help to contribute to designing interventions that again, improve system functioning and promote an optimal environment for adolescent development within the TFC environment.

PREVIEW

Primary Objective of the Study

Many of the major theories of adolescent development use the family as a major setting for learning. This creates a need for counseling psychologists to conduct research that examines specific areas of functioning within the family environment and provides interventions that promote optimal adolescent development within the TFC setting. Addressing the specific dimensions of the TFC family environment, such as interpersonal relationships among family members, how personal growth is

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emphasized in the family, and the organization of the family system (Moos & Moos, 1986) may be key issues.

It was hypothesized that the specific dimensions of family functioning as measured by the FES Forms R and E (Moos & Moos, 1986), can be used as a developmentally oriented assessment instrument for designing intervention plans within TFC. It is proposed that the ability of an adolescent to negotiate through developmental tasks is related to the family system's functioning and opportunities for learning and development. For adolescents placed in TFC, the foster family serves as the primary system for learning and socialization and serves as the environment for the development of patterns of interaction and coping during adolescent development (Berger, 1991). Thus, within this study, the following represents the primary research questions:

1. Does addressing specific areas of perceived family functioning as determined by the FES lead to an increase in developmentally appropriate behaviors for adolescents placed in TFC as defined by the Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1998)?

2. Does using the FES Forms R and E as a developmentally oriented assessment to design intervention plans promote an increase in successful placements of adolescents in TFC?

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Definition of Terms

Adolescent development is defined as the total process in which the adolescent adapts to his or her environment by growing, learning, and maturing through a gradual adaptation (Lefrancois, 1989). Adolescent development is further defined within the five domains of the BERS as follows: (a) Interpersonal Strengths are defined as the adolescent's ability to manage behaviors and emotions during social

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